



PECO Energy Company
2301 Market Street
PO Box 8699
Philadelphia, PA 19101-8699
215 841 4000

February 22 1996
RECEIVED
PA/DC SECTION

FEB 22 1996

EPA REGION III

U. S. EPA, Region III
RCRA Programs Branch
Pennsylvania Section (3 HW51)
841 Chestnut Street
Philadelphia, PA 19107

Subject: Notification of Regulated Waste Activities
PECO File No.: 6HZW-NO-100

Dear Sir/Madame:

Enclosed find two (2) Notification of Regulated Waste Activity forms. We are requesting a permanent hazardous waste ID number for the PECO Energy Company - Gould/Chem Clear facility located at Jeffrey Street and Delaware Avenue in Chester, Pennsylvania. We are also notifying the USEPA of a change in status from a Small Quantity Generator (SQG) to Large Quantity Generator (LQG) at the PECO Energy Company - Tilghman Street Gas Plant located at Central and Delaware Avenues in Chester, Pennsylvania. Both Notifications are due to an increase in investigatory and/or remedial work at the facilities. PAD 000 731026
PAD 000 79840
done.

Feel free to contact me at (215) 841-6610 should you have any questions or require additional information.

Sincerely,

Robin A. Hoy
Environmental Engineer

Attachment

cc: D. J. Cesareo
W. F. McElroy
M. F. Heisler
R. T. Stark
file (w/ encl.)



PECO ENERGY

PECO Energy Company
2301 Market Street
PO Box 8699
Philadelphia, PA 19101-8699
215 841 4000

June 19, 1995

USEPA Region 3
RCRA Programs Branch
PA Section 3HW51
841 Chestnut Street
Philadelphia, PA 19104

RECEIVED
PA/DC SECTION
JUN 23 1995
EPA REGION III

To whom it may concern:

In response to PECO Energy Company's current status in the RCRIS Handler Waste Code Report (V 6.0.0), I have made all necessary update changes to ensure that the RCRIS database correlates with our records. Enclosed you will find a copy of the information I received with applicable corrections made to contact names, dates of notification, phone numbers and generator status. You will also find a current report of the PECO Energy Waste Notification database. A number of facilities on this report do not appear in the RCRIS database, those include:

Baldwin Service Bldg.	Muddy Run Recreation Bldg.
Central Stores Bldg.	Northern District Office
Conowingo Generating Station	Nuclear Group Headquarters
Delta Servc. Bldg.	Peach Bottom Station
Elkton Servc. Bldg.	Penrose Ave. Site
Fire Protection Servc. Bldg.	Plymouth Servc. Bldg.
General Meter Servc. Bldg.	Susquehanna Electric Co.
Hanover Substation	West Chester Servc. Bldg. (New)
Main Office Bldg.	

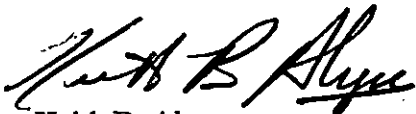
The following is a list of facilities that are out of service:

Edison Steam Plant	Beech Street Serv. Bldg.
Willow Steam Plant	Chemical Lot (Lab)

All necessary information for these facilities can be found on the enclosed PECO Energy database (All applicable names are highlighted).

Also, please note that the company name has changed from "Philadelphia Electric Company" to "PECO Energy Company" for all facilities. If there are any question or problems please contact me at (215) 841-6502. When completed, an updated copy of the RCRIS report would be greatly appreciated. Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith B. Alyea".

Keith B. Alyea
Environmental Affairs S21-2

KBA

Enclosure

cc: W.F. McElroy
R.A. Hoy



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD000798405

10/06/95

INSTALLATION ADDRESS

PECO ENERGY CO TILGHMAN ST GAS PLT
2301 MARKET ST
PHILADELPHIA, PA 191018699
GEORGE DONATO

FRONT & TILGHMAN STS
CHESTER, PA 19013



PECO ENERGY

PECO Energy Company
2301 Market Street
PO Box 8699
Philadelphia, PA 19101-8699
215 841 4000

January 10, 1994

6/19/95

U.S. Environmental Protection Agency
Region III (3HW64)
841 Chestnut Street
Philadelphia, PA 19107

RE: Corporate Name Change - Philadelphia Electric Company

To Whom It May Concern:

This letter is to notify you that effective January 1, 1994, Philadelphia Electric Company (the "Company") has changed its name to PECO Energy Company. This action is a mere change in the name of the Company. It is not the result of a consolidation or merger with or into any other company or any other change in the Company.

PECO Energy is not a new corporation, or even a successor corporation to the existing Company, but remains and continues to be the same Company with a different name. As a result, contracts, agreements, obligations, licenses and permits relating to Philadelphia Electric Company will continue to be legal, valid and binding with respect to PECO Energy. Specifically, the permits/licenses issued by regulatory agencies will be unaffected as a result of the name change. Please make the appropriate changes to your records and address all future correspondence to PECO Energy Company at the above-listed address.

If you have any questions, or if I can be of any assistance, please do not hesitate to contact me at 215-841-5030.

Sincerely,

Bill F. Morley for George M. Morley
Bill McElroy

George M. Morley
Director
Environmental Affairs

cc: T. D. Cutler
D. R. Getty
File

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

FEB 22 1996

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

P A D 0 0 0 7 9 8 4 0 5

II. Name of Installation (Include company and specific site name)

P E C O - T I L G H M A N S T. G A S P L A N T

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

C E N T R A L a n d D E L A W A R E A V E S.

Street (Continued)

City or Town

State

Zip Code

C H E S T E R

P A 1 9 0 1 3 -

County Code

County Name

D E L A W A R E

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

M O L E T R E S S

S T E V E

Job Title

Phone Number (Area Code and Number)

E N V. C O O R D I N A T O R

6 1 0 - 8 3 2 - 6 4 7 5

VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other

☐ ☐ ☒

B. Street or P.O. Box

3 0 0 F R O N T S T R E E T

City or Town

State

Zip Code

W E S T C O N S H O H O C K E N

P A

1 9 4 2 8 -

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

P E C O E N E R G Y C O M P A N Y

Street, P.O. Box, or Route Number

2 3 0 1 M A R K E T S T R E E T

City or Town

State

Zip Code

P H I L A D E L P H I A

P A

1 9 1 0 1 - 8 6 9 9

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

2 1 5 - 8 4 1 - 4 0 0 0

p

o

Yes

X

No

This facility is 25 acres large and faces we have 25 on central st. 12 Per Call
many streets. The contact person feels it is better to use central & Del. Aves. because

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Michael F. Heisler

Name and Official Title (Type or print)

Michael F. Heisler

Date Signed

2/16/95

XI. Comments

Wastes are primarily from remediation of Historic Manufactured Gas Plant Site

DFN: Peco Energy Co Tilghman St Gas Plt

BAH/12 1/2/96

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Department of Environmental Resources

1875 New Hope Street
Norristown, PA 19401
215 270-1920

March 30, 1984

Philadelphia Electric Company Gas Plant
Front and Tilghman Streets
Chester, PA 19013

Re: Identification No. PAD000798405

Gentlemen:

It has been determined by our staff that you are not a TSD facility or that you qualify under the permit by rule provision in our hazardous waste management rules and regulations.

Therefore, you will not have to submit a Part B hazardous waste permit application and we are returning your Part A application if you previously submitted one to the Department.

This means you no longer have interim status as a TSD facility and you may not engage in this type of activity at your facility. You will not be required to secure a hazardous waste management permit for your facility, but you are still subject to any portion of the hazardous waste management rules and regulations published in the Pennsylvania Bulletin September 4, 1982 which pertain to your facility. This includes the submission of a closure plan if you operated as a treatment storage or disposal facility after November 19, 1980.

If you qualify under the permit by rule provision of the regulations then you may continue to operate as a hazardous waste facility in accordance with NPDES or local sewer authority requirements.

This does not release you from Environmental Protection Agency requirements. You will have to contact their Philadelphia Regional Office to verify that you do not have to submit a Part B application to their agency.

If you have any questions concerning this, I can be reached at the above number.

Very truly yours,

LAWRENCE H. LINSK
Solid Waste Facilities Supervisor

cc: Chester Borough
Chester County Health Department
Field Supervisor
Division of Hazardous Waste Management
U.S. EPA Code 3AW32 ✓
Re 30 ILS45



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

May 29, 1981
Certified Mail
Return Receipt Requested

Mr. Robert Brown
Tilghman St. Gas Plt. Phila. Electric
Front & Tilghman Sts.
Chester, PA 19013

Re: Nonregulated Facility

Facility Name: Tilghman St. Gas Plt. Phila. Electric
Facility Location: Front & Tilghman Sts.
Chester, PA 19013
Facility ID #: PAD 00 079 8405

Dear Mr. Brown:

The Environmental Protection Agency (EPA) has received Part A of a permit application pursuant to Section 3005 of the Resource Conservation and Recovery Act for the facility referenced above. The application does not demonstrate that the facility is one which is required to have a Federal permit under Section 3005 of the Act. Accordingly, the Agency is returning the application.

If you have any questions, please contact Joan Henry on 215/597-8751 or Bill Walsh on 215/597-1230.

Sincerely yours,

Shirley D. Bulkin
Chief, RCRA Administrative Support Section
Permit Enforcement Branch
Enforcement Division

Enclosure

I.D. #: PAD-00-079-8405

Name of Facility: Tilghman St. Gas Plant - Phila Electric

Form 1 (EPA Form 3510-3)

ITEM NUMBER

II. Pollutant Characteristics ☐

*III. Name of Facility ☐

IV. Facility Contact ☐

V. Facility Mailing Address

A. Street or P.O. Box ☐

B. City or Town ☐

C. State ☐

D. Zip Code ☐

VI. Facility Location

*A. Street, Route Number ☐

B. County Name ☐

*C. City or Town ☐

*D. State ☐

E. Zip Code ☐

F. County Code (if known) ☐

VII. SIC Codes (other than Process and Hazardous Waste) ☐

VIII. Operator Information

*A. Name ☐

*B. Is the name listed in VIII-A also the owner ☐

C. Status of operator ☐

D. Phone ☐

*E. Street or P.O. Box ☐

*F. City or Town ☐

*G. State ☐

H. Zip Code ☐

IX. Indian Land

☐

X. Existing Environmental Permits

☐

XI. Map

☐

XII. Nature of Business

☐

XIII. Certification

A. *1. Name and

☐

2. Official Title

☐

*B. Signature

☐

*C. Date Signed

☐

Comments:

Form 1 is missing

☐

Items preceded by * must be submitted by _____.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAD000798405

December 16, 1980

Tilghman St. Gas Plant
Mr. Robert K. Crown
Front & Tilghman Street
Chester, Pa. 19013

Re: Acknowledgment of Application for
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

RECORD OF
COMMUNICATION

☐ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY)

(Record of item checked above)

TO: Tilghman St Gas Plt
Mr. Bradley

FROM: William Budd

DATE

TIME

SUBJECT Dan DeSantis

SUMMARY OF COMMUNICATION

Will call back - NON - Reg
No problems →

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:

INTERNAL CHECKLIST

Installation's Name: *Phila. Electric*
 EPA ID #:
 Date sent for missing info:
 Date returned:

RECEIVED
 RCRA SECTION
 EPA REGION III
 Nov 19 80 000534

DATE: 12/16/80

PHILADELPHIA ELECTRIC COMPANY
 2301 MARKET STREET
 P. O. BOX 8699
 PHILADELPHIA, PA. 19101

I. Interim Regulatory Requirements

- | | | |
|---|--------------------------|-------|
| A. (1) FORM 1 MISSING | <input type="checkbox"/> | |
| (2) FORM 2 MISSING | <input type="checkbox"/> | |
| B. POSTMARK after NOVEMBER 19, 1980 | <input type="checkbox"/> | Valid |
| C. (1) DATE of OPERATION MISSING | <input type="checkbox"/> | |
| (2) DATE of OPERATION after NOVEMBER 19, 1980 | <input type="checkbox"/> | |
| D. (1) NON-NOTIFIER | <input type="checkbox"/> | |
| (2) NOTIFIED after AUGUST 18, 1980 | <input type="checkbox"/> | Valid |
| E. (1) FORM 1, VIII B SIGNATURE | <input type="checkbox"/> | |
| (2) FORM 3, IX B SIGNATURE | <input type="checkbox"/> | |

- | | |
|---|--------------------------|
| 2. A. HANDLER | <input type="checkbox"/> |
| B. NONREGULATED | <input type="checkbox"/> |
| C. UNSURE | <input type="checkbox"/> |
| D. UNKNOWN FACILITY
(missing name and address on Form 3) | <input type="checkbox"/> |
| E. NEW FACILITY | <input type="checkbox"/> |
| F. CORE ITEM(S) MISSING | <input type="checkbox"/> |
| G. NON-CORE ITEM(S) MISSING | <input type="checkbox"/> |
| H. OTHER | <input type="checkbox"/> |

NOTE: Items checked indicates missing information



I.D. # PAD -00-079 -8405

Name of Facility

Tulghman St. Gas - Phila. Electric

Form 3 (EPA Form 3510-3)

ITEM NUMBER

*II. A. First Application

1. Existing Facility Date (on or before November 19, 1980)

☐

2. New Facility Date (after November 19, 1980)

☐

*III. Processes

A. Process Code

☐

B. Process Design Capacity-Amount

1. Amount

☐

2. Unit of Measure

☐

*IV. Description of Hazardous Wastes

A. EPA Hazardous Waste Number

☐

B. Estimated Annual Quantity

☐

C. Unit of Measure

☐

D. Processes

1. Process Codes

☐

2. Process Description

☐

V. Facility Drawing

☐

VI. Photographs

☐

VII. Facility Geographic Location

☐

VIII. Facility Owner

*1. Name of Facility's Legal Owner

☐

2. Phone

☐

*3. Street or P.O. Box

☐

*4. City or Town

☐

*5. State

☐

6. Zip Code

☐

*IX. Owner Certification

A. Name

☐

B. Signature

☐

C. Date Signed

☐

*X. Operator Certification

A. Name

☐

B. Signature

☐

C. Date

☐

Comments:

Form 3 is missing

☐

Items preceded by * must be submitted by _____.

FORM 1		U.S. ENVIRONMENTAL PROTECTION AGENCY		I. EPA I.D. NUMBER	
GENERAL		GENERAL INFORMATION		F PAD 000 798 405	
LABEL ITEMS		Consolidated Permit Program (Read the "General Instructions" before starting.)		T/A C D	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE EPA REGION III Nov 1980 000533		GENERAL INSTRUCTIONS	
III. FACILITY NAME	If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.				
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS		INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
YES NO FORM ATTACHED		YES NO FORM ATTACHED		YES NO FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY		1 SKIP Tilghman St. Gas Plant Phila. Electric			
IV. FACILITY CONTACT		A. NAME & TITLE (last, first, & title) B. PHONE (area code & no.)			
2 Brown Robert K. Superintendent		215 876 8291			
V. FACILITY MAILING ADDRESS		A. STREET OR P.O. BOX B. CITY OR TOWN C. STATE D. ZIP CODE			
3 Front & Tilghman Sts.		4 Chester PA 19013			
VI. FACILITY LOCATION		A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER B. COUNTY NAME C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (if known)			
5 Front & Tilghman Sts.		6 Chester PA 19013			

A. FIRST		B. SECOND	
1 2 3 4 5 6 7 8 9 0 0 (specify)	Natural Gas Distribution	7 N A (specify)	NA
C. THIRD		D. FOURTH	
1 N A (specify)	NA	7 N A (specify)	NA

III. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?
Philadelphia Electric Company		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify) P (specify)	A	215 841 4000

E. STREET OR P.O. BOX	
2301 Market Street	

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
Philadelphia	PA	19101	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

C. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
1 N A	9 P N A		
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
1 U N A	9 N A	(specify)	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
1 R N A	9 N A	(specify)	

II. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Present - Gas Distribution (Gate Station)

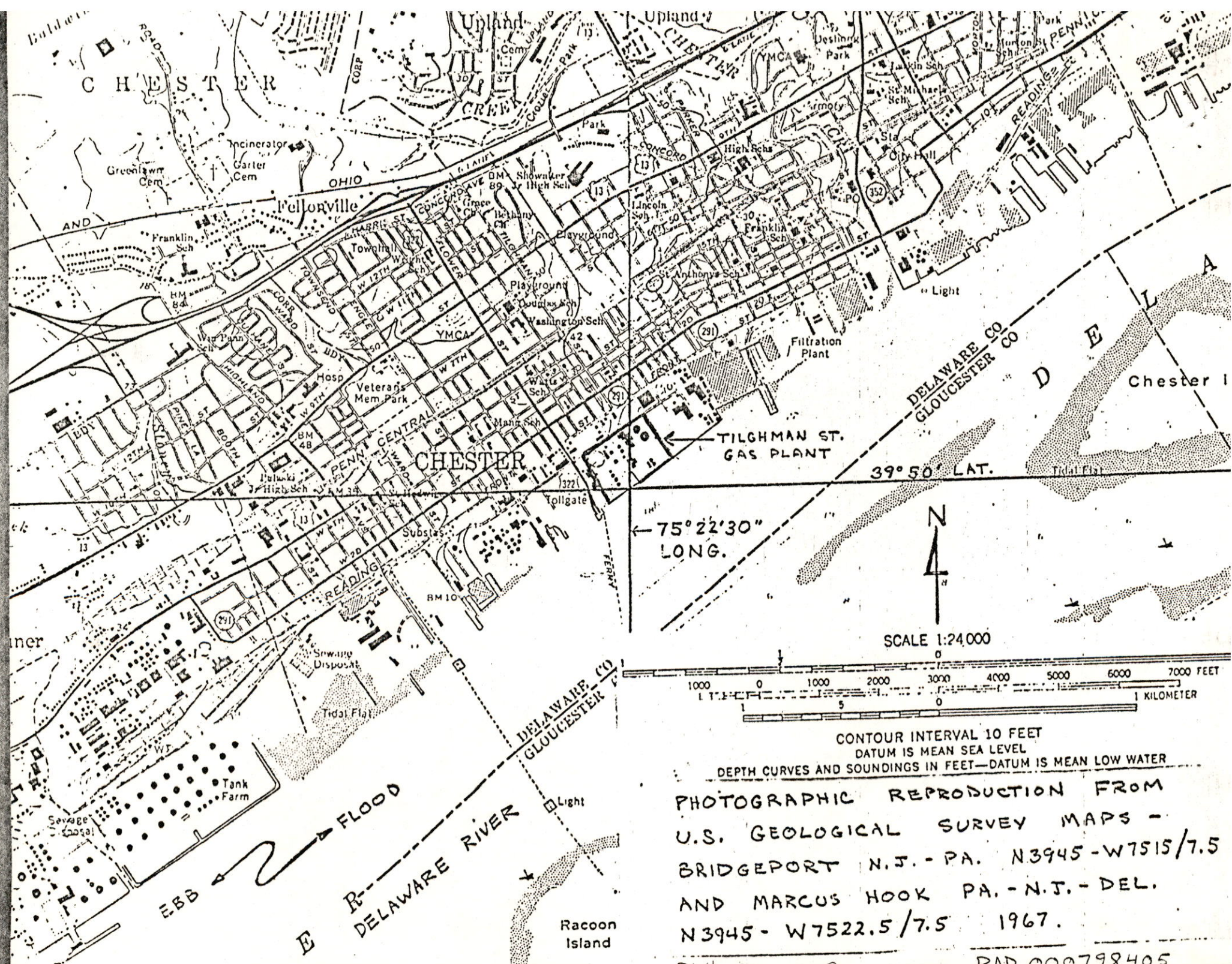
Past - Gas Production (this equipment is now retired and in various stages of disassembly for salvage)

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
M. F. Gavet, Vice-President Gas Operations	M. F. Gavet	NOV 19 1980

COMMENTS FOR OFFICIAL USE ONLY	



FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY
8	2	9

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN.

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<u>Storage:</u>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
<u>Disposal:</u>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

Treatment:

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 2	2,300,000	G		7				
2					8				
3					9				
4					10				

IV. DESCRIPTION OF HAZARDOUS WASTES

1. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
2. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
3. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER -- Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
X-1	K	0	5	4	900	P	T	0	3	D	8	0		
X-2	D	0	0	2	400	P	T	0	3	D	8	0		
X-3	D	0	0	1	100	P	T	0	3	D	8	0		
X-4	D	0	0	2										included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																
WPA D0007984051													W DUP 2 DUP																
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES II																
EPA ID NO.	A. EPA HAZARD. WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE		C. UNIT OF MEA- SURE (enter code)	1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))											
	23	26	27	33		27	29	27	29	27	29	27	29	27	29	27	29												
1	D	001	3878.1		T	S	02																						
2																													
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

THE HAZARDOUS WASTE STORED ON-SITE RESULTED FROM THE PRODUCTION OF GASEOUS FUEL FROM THE CRACKING OF NO. 2 FUEL OIL AT ELEVATED TEMPERATURES. THIS PROCESS WAS TERMINATED IN MARCH, 1977. VARIOUS PIECES OF EQUIPMENT ARE BEING SALVAGED AND THE SITE WILL BE CLEARED FOR POSSIBLE OTHER FUTURE USE. THE WASTE PRESENTLY IS STORED IN THREE TANKS AS SHOWN ON PAGE 5. THE TANK LABELED "FUTURE STORAGE TANK" IS EXISTING BUT IS NOT PRESENTLY HOLDING THIS WASTE. THIS TANK IS RESERVED FOR POSSIBLE FUTURE USE AS AN OIL/WATER SEPARATOR OR INTERMEDIATE STORAGE DURING FINAL SITE CLEANUP, PENDING THE OUTCOME AND RECOMMENDATIONS FROM ON-GOING STUDIES.

THE WASTE MATERIAL IS A HYDROCARBON RESIDUAL HAVING SIGNIFICANT HEATING VALUE. PORTIONS IN STORAGE HAVE BEEN SOLD FOR BLENDING WITH RESIDUAL FUEL OIL. TESTS ON THE MATERIAL FOR IGNITIBILITY, REACTIVITY, CORROSIVITY, AND EP TOXICITY WERE NEGATIVE EXCEPT FOR FLASH POINT DUE TO THE PRESENCE OF HIGHLY VOLATILE ORGANICS.

PHILADELPHIA ELECTRIC COMPANY WILL DISPOSE OF THIS MATERIAL AS SOON AS POSSIBLE AND CLOSE THE SITE. THE MATERIAL WILL BE SOLD TO A VENDOR OR BURNED IN CORPORATE OWNED BOILERS AT ELECTRICAL GENERATING STATIONS. TESTS ARE BEING CONDUCTED TO VERIFY THE FUEL CHARACTERISTICS AND TO DEVELOP A HANDLING PROCEDURE FOR TRANSFER AND PREPARATION FOR BURNING.

THIS STORAGE IS TEMPORARY AND WILL BE ELIMINATED IN THE IMMEDIATE FUTURE.

EPA I.D. NO. (enter from page 1)

FPAD0007984056

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

39 50 00

LONGITUDE (degrees, minutes, & seconds)

75 22 30

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

M. F. Gavet, Vice-President
Gas Operations

B. SIGNATURE

M. F. Gavet

C. DATE SIGNED

NOV 19 1980

X. OPERATOR CERTIFICATION

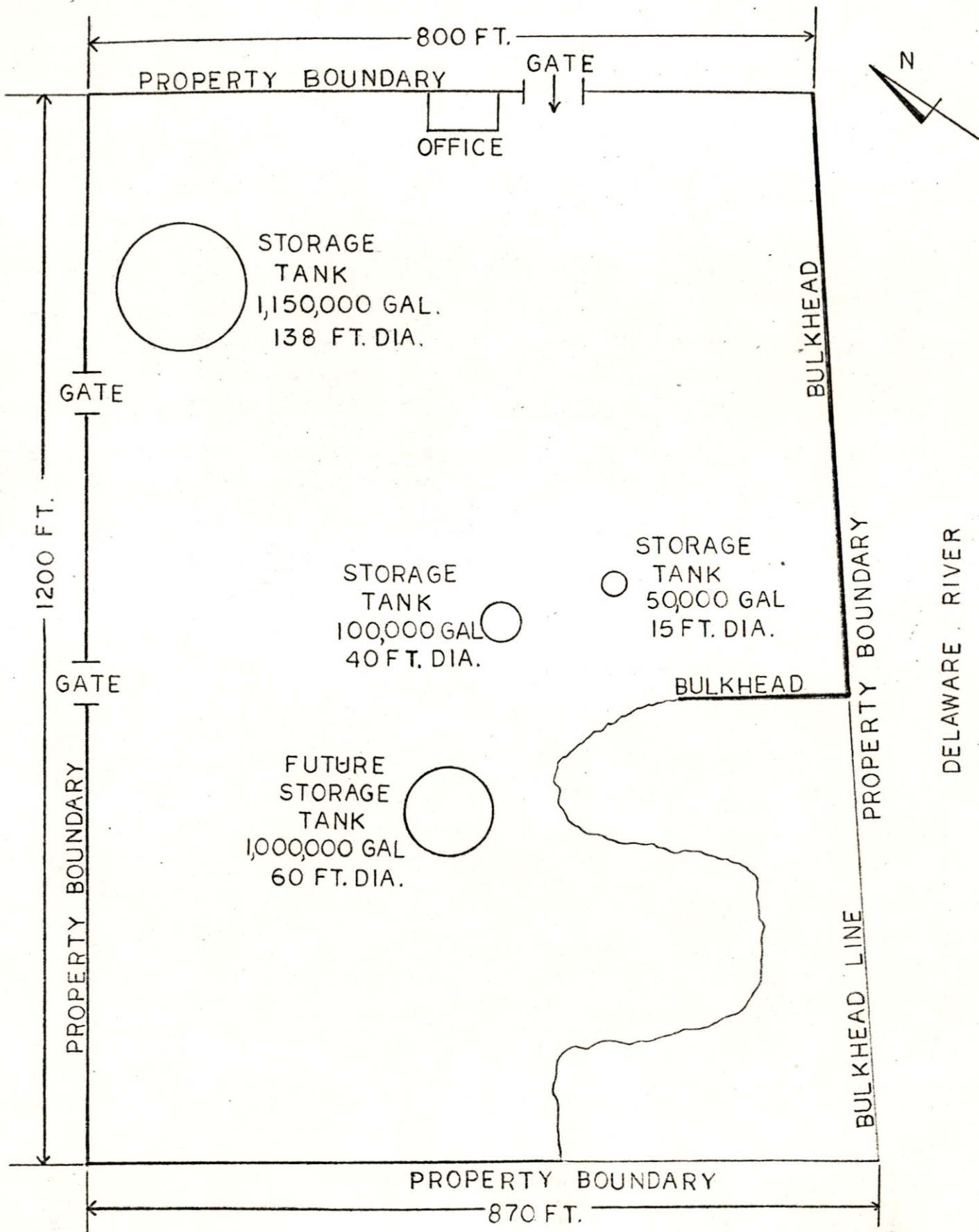
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

M. F. Gavet

C. DATE SIGNED



SCALE: 1 in = 150 FT



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD000798405

INSTALLATION ADDRESS

TILGHMAN ST GAS PLANT PHILA ELECT CO
FRONT & TILGHMAN STS
CHESTER PA 19013

FRONT & TILGHMAN STS
CHESTER PA 19013

I.D. -- FOR OFFICIAL USE ONLY												
S	WPA00000798405											T/A/C
1	2	3	4	5	6	7	8	9	10	11	12	13

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)


☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) S. J. Kowalski Engineer-in-Charge	DATE SIGNED 8/13/84
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ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+

PA0000798405

10/08/96

INSTALLATION ADDRESS

PECO-TILGHMAN ST GAS PLT
300 FRONT ST
WEST CONSHOHOCKEN , PA 19428
STEVE HOLETRESS ENV COORDINATOR

CENTRAL & DELAWARE AVES
CHESTER , PA 19013



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD000790465

08/25/95

INSTALLATION ADDRESS

PECO ENERGY CO TILGHMAN ST. GAS. PLT
2301 MARKET ST
PHILADELPHIA , PA 191018699
GEORGE W HORLEY DIR ENV AFFAIRS

FRONT 6 TILGHMAN STS
CHESTER , PA 19013